



WISCONSIN

**DEPARTMENT OF WORKFORCE DEVELOPMENT**  
Division of Workforce Solutions  
Bureau of Partner Services

**TO: Economic Support Supervisors  
Economic Support Lead Workers  
Training Staff  
Child Care Coordinators  
W-2 Agencies**

**FROM: Amy Mendel-Clemens  
CARES Call Center  
Policy & Systems Communications Section**

**SUBJECT: MA – CHANGES BASED ON NEW  
FEDERAL POVERTY LEVEL (FPL)  
AMOUNTS (2002)**

**BPS OPERATIONS MEMO**

**No.: 02-23  
(CORRECTED)**

**File: 2715 2782  
2720 2785  
2745 2790**

**Date: 3/19/2002**

**Non W-2 ☒ W-2 ☐ CC ☐**

**PRIORITY: HIGH**

**CROSS REFERENCE:** *MA Handbook, Appendices 23, 30.6.0  
Income Maintenance Manual, Chapter I, Part A.*

**EFFECTIVE DATE:** See specific dates below.

**PURPOSE**

This memo provides local agencies with the 2002 Income Guidelines for Medicaid Programs. Below, are the updated tables, effective dates and cross references for these programs.

**BACKGROUND**

The U.S. Department of Health and Human Services (DHHS) has published its annual update of the Poverty Income Guidelines (aka, Federal Poverty Level, or FPL) in the Federal Register (via Internet). Several income limits and other amounts used in some MA determinations are based upon the FPL.

CARES tables TMEP, TBCS, TFPL, & TMST were updated March 15<sup>th</sup> and the mass change is scheduled for the weekend of 4/6/02.

***SPOUSAL IMPOVERISHMENT COMMUNITY SPOUSE INCOME ALLOWANCE***

Effective: 05/01/2002  
 Cross Reference: MA Handbook, 23.6.0.

ITEM	OLD Amount	NEW Amount
Minimum Allocation	\$ 1,935.00	<b>\$ 1,990.00</b>
Shelter Base Amount	\$ 580.50	<b>\$ 597.00</b>

***SPOUSAL IMPOVERISHMENT FAMILY MEMBER INCOME ALLOWANCE***

Effective: 05/01/2002  
 Cross Reference: MA Handbook, 23.6.0.

Group Size	OLD Amount	NEW Amount
Each eligible family member	\$ 483.75	<b>\$ 497.50</b>

***QUALIFIED MEDICARE BENEFICIARY (QMB)***

Effective: 01/01/2002\*  
 Cross Reference: MA Handbook, 30.6.0.

Group Size	OLD Limit (100%)	NEW Limit (100%)
1	\$ 715.83	<b>\$ 738.33</b>
2	\$ 967.50	<b>\$ 995.00</b>

\* You do not have to implement the QMB change retroactively, except at the request of someone denied because of excess income between January 1, 2002, and the implementation date of these new limits.

***QUALIFIED DISABLED & WORKING INDIVIDUAL (QDWI)***

Effective: 01/01/2002  
 Cross Reference: MA Handbook, 30.6.0.

Group Size	OLD Limit (200%)	NEW Limit (200%)
1	\$ 1,431.67	<b>\$ 1,476.67</b>
2	\$ 1,935.00	<b>\$ 1,990.00</b>

QDWI eligibility is determined in CARES.

**SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB)**

Effective: 01/01/2002\*  
 Cross Reference: MA Handbook, 30.6.0.

Group Size	OLD Limit (120%)	NEW Limit (120%)
1	\$ 859.00	<b>\$ 886.00</b>
2	\$ 1,161.00	<b>\$ 1,194.00</b>

\*You do not have to implement the SLMB change retroactively, except at the request of someone denied because of excess income between January 1, 2002, and the implementation date of the new limits.

**SPECIFIED LOW-INCOME MEDICARE BENEFICIARY PLUS (SLMB +)**

Effective: 01/01/2002\*  
 Cross Reference: MA Handbook, 30.6.0.

Group Size	OLD Limit (135%)	NEW Limit (135%)
1	\$ 966.38	<b>\$ 996.75</b>
2	\$ 1,306.13	<b>\$ 1,343.25</b>

\*You do not have to implement the SLMB + change retroactively, except at the request of someone denied because of excess income between January 1, 2002, and the implementation date of the new limits.

**ADDITIONAL LOW INCOME MEDICARE BENEFICIARY (ALMB)**

Effective: 01/01/2002\*  
 Cross Reference: MA Handbook, 30.6.0.

Group Size	OLD Limit (175%)	NEW Limit (175%)
1	\$ 1,252.71	<b>\$ 1,292.08</b>
2	\$ 1,693.13	<b>\$ 1,741.25</b>

\*You do not have to implement the ALMB change retroactively, except at the request of someone denied because of excess income between January 1, 2002, and the implementation date of the new limits.

**QMBs/SLMBs & COLA DISREGARD:** In the December, 2001, CARES COLA mass change, we stored the COLA increase as "CURRENT DISREGARD" on AFUI. For determinations made in January through March 2002, CARES would subtract the COLA increase from the client's income before comparing it to the income limit. This was to compensate for the fact that we did not have the 2002 FPL amounts in the system. For determinations done from April through December 2002, EDBC will not subtract the COLA increase from total income when determining QMB and SLMB eligibility in CARES.

**OBRA CHILDREN (AT LEAST 6 BUT NOT 19 YEARS OLD)**

Effective: 05/01/2002  
 Cross Reference: MA Handbook, 30.6.0.

Group Size	OLD Limit (100%)	NEW Limit (100%)	Group Size	OLD Limit (100%)	NEW Limit (100%)
1	\$ 715.83	<b>\$ 738.33</b>	6	\$1,974.17	<b>\$2,021.67</b>
2	\$ 967.50	<b>\$ 995.00</b>	7	\$2,225.83	<b>\$2,278.33</b>
3	\$1,219.17	<b>\$1,251.67</b>	8	\$2,477.50	<b>\$2,535.00</b>
4	\$1,470.83	<b>\$1,508.33</b>	9	\$2,729.17	<b>\$2,791.67</b>
5	\$1,722.50	<b>\$1,765.00</b>	10	\$2,980.83	<b>\$3,048.33</b>
			for each person over 10	+ 251.67	<b>+ 256.67</b>

### **HEALTHY START (HS) & PRESUMPTIVE ELIGIBILITY (PE)**

Effective: 05/01/2002  
 Cross Reference: (HS) MA Handbook, 30.6.0.  
 (PE) Income Maintenance Manual, I-A.

Group Size	OLD Limit HS/PE CAT NDY (133%)	NEW Limit HS/PE CAT NDY (133%)	Group Size	OLD Limit HS/PE CAT NDY (133%)	NEW Limit HS/PE CAT NDY (133%)
1	\$ 952.06	<b>\$ 981.98</b>	6	\$2,625.64	<b>\$2,688.82</b>
2	\$1,286.78	<b>\$1,323.35</b>	7	\$2,960.36	<b>\$3,030.18</b>
3	\$1,621.49	<b>\$1,664.72</b>	8	\$3,295.08	<b>\$3,371.55</b>
4	\$1,956.21	<b>\$2,006.08</b>	9	\$3,629.79	<b>\$3,712.92</b>
5	\$2,290.93	<b>\$2,347.45</b>	10	\$3,964.51	<b>\$4,054.28</b>
			each person over 10	+ \$ 334.72	<b>+ \$ 341.37</b>

Group Size	OLD Limit HS/PE MED NDY (185%)	NEW Limit HS/PE MED NDY (185%)	Group Size	OLD Limit HS/PE MED NDY (185%)	NEW Limit HS/PE MED NDY (185%)
1	\$1,324.29	<b>\$1,365.92</b>	6	\$3,652.21	<b>\$3,740.08</b>
2	\$1,789.88	<b>\$1,840.75</b>	7	\$4,117.79	<b>\$4,214.92</b>
3	\$2,255.46	<b>\$2,315.58</b>	8	\$4,583.38	<b>\$4,689.75</b>
4	\$2,721.04	<b>\$2,790.42</b>	9	\$5,048.96	<b>\$5,164.58</b>
5	\$3,186.63	<b>\$3,265.25</b>	10	\$5,514.54	<b>\$5,639.42</b>
			each person over 10	+ \$ 465.58	<b>+ \$ 474.83</b>

### **BADGERCARE**

Effective: 05/01/2002  
 Cross Reference: MA Handbook 30.6.0.

Income limits for BadgerCare are based on 185% of the FPL for applicants and 200% of the FPL for recipients. Families above 150% of FPL will need to pay a premium in order to participate in the BadgerCare program.

<b>Group Size</b>	<b>OLD Limit Applicants</b> (185%)	<b>NEW Limit Applicants</b> (185%)	<b>OLD Limit Recipients</b> (200%)	<b>NEW Limit Recipients</b> (200%)
1	\$1,324.29	<b>\$1,365.92</b>	\$1,431.67	<b>\$1,476.67</b>
2	\$1,789.88	<b>\$1,840.75</b>	\$1,935.00	<b>\$1,990.00</b>
3	\$2,255.46	<b>\$2,315.58</b>	\$2,438.33	<b>\$2,503.33</b>
4	\$2,721.04	<b>\$2,790.42</b>	\$2,941.67	<b>\$3,016.67</b>
5	\$3,186.63	<b>\$3,265.25</b>	\$3,445.00	<b>\$3,530.00</b>
6	\$3,652.21	<b>\$3,740.08</b>	\$3,948.33	<b>\$4,043.33</b>
7	\$4,117.79	<b>\$4,214.92</b>	\$4,451.67	<b>\$4,556.67</b>
8	\$4,583.38	<b>\$4,689.75</b>	\$4,955.00	<b>\$5,070.00</b>
9	\$5,048.96	<b>\$5,164.58</b>	\$5,458.33	<b>\$5,583.33</b>
10	\$5,514.54	<b>\$5,639.42</b>	\$5,961.67	<b>\$6,096.67</b>
For each additional person	+ \$ 465.58	<b>+ \$ 474.83</b>	+ \$ 503.33	<b>+ \$ 513.33</b>

CARES uses tables for 100% of FPL in BadgerCare processing to send a 'GP' medical status for those under 100% FPL and a "B4" medical status for those falling between 100% and 150% of FPL

<b>Group Size</b>	<b>NEW Cutoff 'GP' Med Stat</b> (100%)	<b>NEW Cutoff Premium Payment</b> (150%)
1	<b>\$738.33</b>	<b>\$1,107.50</b>
2	<b>\$995.00</b>	<b>\$1,492.50</b>
3	<b>\$1,251.67</b>	<b>\$1,877.50</b>
4	<b>\$1,508.33</b>	<b>\$2,262.50</b>
5	<b>\$1,765.00</b>	<b>\$2,647.50</b>
6	<b>\$2,021.67</b>	<b>\$3,032.50</b>
7	<b>\$2,278.33</b>	<b>\$3,417.50</b>
8	<b>\$2,535.00</b>	<b>\$3,802.50</b>
9	<b>\$2,791.67</b>	<b>\$4,187.50</b>
10	<b>\$3,048.33</b>	<b>\$4,572.50</b>
For each additional person	<b>\$256.67</b>	<b>\$ 385.00</b>

**MAPP**

Effective: 05/01/2002

Cross Reference: MA Handbook 30.6.0.

Income limits for MAPP are based on 250% of the FPL for applicants and recipients. Individuals above 150% of FPL may need to pay a premium in order to participate in the MAPP program.

<b>Group Size</b>	<b>OLD Limit (250%)</b>	<b>NEW Limit (250%)</b>
1	\$1,789.58	<b>\$1,845.83</b>
2	\$2,418.75	<b>\$2,487.50</b>
3	\$3,047.92	<b>\$3,129.17</b>
4	\$3,677.08	<b>\$3,770.83</b>
5	\$4,306.25	<b>\$4,412.50</b>
6	\$4,935.42	<b>\$5,054.17</b>
7	\$5,564.58	<b>\$5,695.83</b>
8	\$6,193.75	<b>\$6,337.50</b>
9	\$6,822.92	<b>\$6,979.17</b>
10	\$7,452.08	<b>\$7,620.83</b>
For each additional person	+ \$ 629.17	<b>+ \$ 641.67</b>

<b>Group Size</b>	<b>NEW MAPP Cutoff Premium Payment (150%)</b>
1	<b>\$1,107.50</b>
2	<b>\$1,492.50</b>
3	<b>\$1,877.50</b>
4	<b>\$2,262.50</b>
5	<b>\$2,647.50</b>
6	<b>\$3,032.50</b>
7	<b>\$3,417.50</b>
8	<b>\$3,802.50</b>
9	<b>\$4,187.50</b>
10	<b>\$4,572.50</b>
For each additional person	<b>+ \$ 385.00</b>

**CONTACT**

Regional Area Administrator's Office or

DWS CARES Information & Problem Resolution Center

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Note: Email contacts are preferred. Thank you.